

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2070	Date: April 27, 2018
	Change Request 10508

SUBJECT: Shared System Enhancement 2015: Identify Inactive Medicare Demonstration Projects within the Fiscal Intermediary Shared System - (Removing/Archiving Demonstration Codes 51 and 56)

I. SUMMARY OF CHANGES: The purpose of this Change Request is for the Fiscal Intermediary Shared System to remove/archive obsolete demonstration project codes from the system.

EFFECTIVE DATE: October 1, 2018

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: October 1, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

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I. GENERAL INFORMATION

A. Background: CMS and its predecessor organization, the Health Care Financing Administration, have implemented Medicare Fee for Service (FFS) demonstration projects to support the development and implementation of payment systems associated with FFS claims.

Since some Medicare demonstration projects no longer serve a business need and claim-processing activities for the demonstration is complete, the contractor shall identify Medicare demonstration projects/codes that are not active. CMS believes archiving obsolete Medicare demonstration projects/codes will reduce system complexity and make future maintenance efforts more efficient. This Change Request (CR) is subsequent to CR 9325 (April 2016 release), CR 10019 (October 2017 release) and CR 10171 (January/April 2018 releases).

B. Policy: N/A

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility										
		A/B MAC			D M E	Shared- System Maintainers				Other		
		A	B	H H H		F M V C	M I C M S S	V M S	C W F			
10508.1	The contractor shall remove/archive demonstration code 51 (Clinical Lab Competitive Bidding - Medicare Modernization Act) and demonstration code 56 (Section 3113 Affordable Care Act – Lab demo).					X						IDR, NCH

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C E D

		A	B	H H H	M A C	I
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Barb Pecoraro, 410.786.6188 or barbara.pecoraro@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0